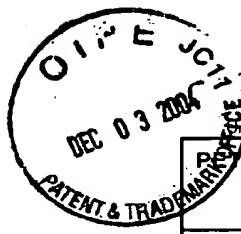


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PTO/SB/22 (10-04)

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POSITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) ALBIHN W 3.3-407	
Application Number	09/857,947	Filed September 17, 2001	
For ARRANGEMENT AND A METHOD FOR CONTROLLING UNITS WITHIN A FLOW			
Art Unit	3651	Examiner R. K. Sharma	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$110.00	Small Entity Fee \$
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$430.00	Small Entity Fee \$ 430.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$980.00	Small Entity Fee \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1,530.00	Small Entity Fee \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2,080.00	Small Entity Fee \$
 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-1095</u> . I have enclosed a duplicate copy of this sheet.			
 I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>54,230</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____			
		Signature	November 30, 2004 Date
Kevin M. Kocun, Patent Agent Typed or printed name		(908) 518-6383 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 30, 2004

Signature:

(Kevin M. Kocun, Patent Agent)

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